

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155593</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/24/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>INDIANA MASONIC HOME INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>690 S STATE STREET FRANKLIN, IN 46131</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p><b>INITIAL COMMENTS</b></p> <p>An Environmental Preoccupancy Survey for State Licensure of a Residential facility for the relocation of 96 residential beds from the Scottish Rite building to the new Assisted Living Center building was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 06/24/11</p> <p>Facility Number: 001133 Provider Number: 155593 AIM Number: 200090430</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Environmental Preoccupancy survey, the Assisted Living Center of the Indiana Masonic Home Inc. was found in compliance with 410 IAC, 16.2-5-1.5, Sanitation and Safety Standards and 16.2-5-1.6, Physical Plant Standards of the Indiana Health Facilities Rules for Residential care facilities.</p> <p>This two story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, all areas open to the corridor and in all resident rooms. The Assisted Living Center has a capacity of 96 and had a census of 0 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/27/11.</p>	R 000		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1